CITY OF URBANA

Hotel and Motel Business License Application

Fiscal Period Covered July 1, 2022 - June 30, 2023

AMOUNT DUE $ 160.00

APPLICANT INFORMATION:

BUSINESS NAME _____

SITE ADDRESS _____

MAILING ADDRESS _____
STREET STATE ZIP

PHONE_____FAX_____ EMAIL _____

MANAGER_____PHONE_____

CONTACT PERSON_____PHONE_____

ILLINOIS HOTEL/MOTEL REGISTRATION #: **HM#**_____ # of Rooms: _____

CORPORATE INFORMATION:

CORPORATE NAME _____

CORPORATE MAILING ADDRESS_____
STREET STATE ZIP

PHONE_____FAX_____ EMAIL _____

CONTACT PERSON_____PHONE_____

OWNER(S), PARTNERS, OR CORPORATE OFFICERS

NAME	TITLE	HOME ADDRESS(STREET, CITY, STATE, ZIP)	PHONE

UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

_____ _____
SIGNATURE OF APPLICANT DATE

Please return completed application and the appropriate fee to:

CITY OF URBANA
FINANCE DEPARTMENT
400 South Vine Street
URBANA, IL 61801

For Office Use Only

Date Received: _____ Amount Paid: $ _____

Date Issued: _____ Expiration Date: June 30, 20_____

License #: _____ Business Account #: _____